



SATRALLOY INC.

MEMBER OF THE SATRA GROUP

file Jeff Co

November 11, 1986

Environmental Board of Review
250 East Town Street
Room 101
Columbus, Oh. 43215

RE: OEPA Permit No. OID00037
Application No. OH0041190

Gentlemen:

In response to your letter, dated October 24, 1986, I am appealing your departmental action of terminating Satralloy's NPDES permit, number OID00037.

It is our intention to renew operations in the near future; hence, it is imperative that the permit remain in effect. Furthermore, I did not instruct Mr. Miller of your department to cancel our permit.

I am formally requesting that Permit Number OID00037 be transferred from the name of Satralloy, Inc. to Satra Concentrates, Inc., P. O. Box 536, Steubenville, Oh. 43952. Future activity at the plant site will be conducted by Satra Concentrates, Inc. and I am submitting a new Form 1. (Enclosed) I would also like to have the permit amended to delete the regulatory reporting requirement that does not pertain to Satra Concentrates operation.

Delete the following:

PART II, OTHER REQUIREMENTS

Sampling Station
D037002

Description of Location
(Cooling Tower Blowdown) sample to be taken at end of storm sewer before entering Cross Creek.

I would appreciate your immediate consideration of this matter and if you have any questions, please advise.

US EPA RECORDS CENTER REGION 5



409179

Sincerely yours,

L. A. DiPaolo

Louis A. DiPaolo
Plant Manager

cc: J. Reidy

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER F O I D 0 0 0 3 7
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SATRA CONCENTRATES INC

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 DIPALO L A PLANT MANAGER	614 263 3631

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 P O BOX 536			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 STEUBENVILLE		OH	43952

VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 COUNTY ROAD 74			
B. COUNTY NAME			
JEFFERSON			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6			
		F. COUNTY CODE (if known)	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	3	1	7			
(specify)				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in item VIII-A also the owner?	
8 SATRA CONCENTRATES INC												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P		614 283 3631			
E. STREET OR P.O. BOX													
P O BOX 536													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
STEUBENVILLE						OH		43952		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9 N 01D00037						9 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9 U						(specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9 R						(specify)					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

FERROCHROMIUM RECLAMATION

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
LOUIS A. DIPAOLO, MANAGER		L.A. DiPaolo		11/10/86	
COMMENTS FOR OFFICIAL USE ONLY					

NPDES No Permit Required (NPR)
Processing Form

NPDES Permit No.. 01D00037
Application No. OH 0041490

Entity Name: Satralloy, Inc.

Facility Address: PO Box 536

Discharged to: Stewbenville, OH 43952

The entity presently has an (check one):

- a) application for an initial NPDES permit
b) effective NPDES permit
c) expired NPDES permit

X

On Oct 15, 1986 I inspected the above facility. The facility does not directly discharge any wastewater to waters of the state (a letter from the entity stating this ~~is~~ is not attached). Therefore, no NPDES permit is required, and the Permits & Approvals Unit-Central Office is requested to send a letter to the entity informing it of this determination and of possible future NPDES responsibilities.

Remarks Plant closed permanently according to former plant manager. Security & caretaking are only activities. There are no plans ever to sell or re-open plant. Note: pollution from waste pile runoff may exist. DWPMA will be asked to investigate. Hazardous and solid wastes may be dumped there. BHSWM is investigating

Inspected by: William J Miller Date: 10/16/86
(Signature of District Staff)

Reviewed by: David P. Smith Date: 10-16-86
(Signature of District IWW Group Leader or WU Supervisor)

Completed NPDES NPR Processing Form to be sent to Industrial Wastewater Section Manager in Central Office.